

**INTERMEDIATE SCHOOL DISTRICT #917**  
**TAX SHELTERED ANNUITY (TSA) PLAN MATCHING CONTRIBUTIONS FORM**

**DUE OCTOBER 1ST**

Name: (Print) _____ Employee Number: _____	Bargaining Unit: _____ Years of Service*: _____ TSA Vendor: _____
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\*Years of Service will be years of service at the commencement of the 2019-2020 school year.

By submitting and signing this form, I certify I meet the matching requirements according to the district employee contract. To complete the employer/employee 403(b) match amounts in the chart below please refer to your bargaining group contract.

**Make sure you have a 403(b) account set up with one of the approved vendors  
 (list on District website) and turn in this form.**

	<b>Employer Match Contribution</b>	<b>Employee Match Contribution</b>
<b>Regular 403(b)</b>	\$ _____	\$ _____

I understand that the School District's contribution shall not exceed my contribution and that my matching contribution will be deducted from my semi-monthly earnings commencing on October 15<sup>th</sup>, in 16 equal installments, through the May 29<sup>th</sup> regular payroll date, for the 2019-2020 contract year.

I further understand that such contribution will be without normal statutory deductions and certify that I am not ineligible for this tax-free deduction as a result of any other tax shelter contributions that I am making. I further understand that both my contributions, as well as the School District contribution, are subject to any investment plans and tax laws relating to withdrawal, taxation of withdrawal and other provisions of the plan and law. For further 403(b) plan administration details refer to ISD 917 403(b) Plan Summary on the District website (under Employee Information, Employee Benefits, Tax Sheltered Annuities).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name (Print)

\_\_\_\_\_  
Agent Phone Number

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

Business Office Received Date:

Processed Date: